U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or call penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 17094

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From

Marie Tanante.	1 / 1 / 2004 Through: (12 / 31 / 2004
Name and address of person filing.	4. Name, file number, and εddress of labor organization.
Name ROBERT A WALTER	Name SHEET METAL .: ORKERS' LOCAL 100
	Labor Organization File Number 5/5663
P.O. Box, Bidg., Room No., if алу	P.O. Box, Building and Room Number, if any
Street 4725 SILVER HILL ROAD	Street 4725 SILVER HILL ROAD
City SUITLAND	City SUITLAND
State Maryland ZIP Codo + 4 20746	State Maryland ZIP Code + 4 20746
5. Position in labor organization. BUSINESS MAUAGER/FINANCIAL SE	c.
Enter appropriate data below if, during the past fiscal year, you or your spot (except as apecified in the exclu	use or minor child directly or in:1 rectly had any of the following interests isions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively socking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	7.b. Amount.
City	
State ZIP Code + 4	
Sign	nature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	ring documents), has been exarrined by the signatory and is, to the best of the
Signed WITL WIT	on 8-4-05 30 568-8655
	Date Telephone Number
Form LM-30 (2003)	Page 1 of 2

B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active. (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business yely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name NATIONAL ENERGY MANAGEMENT INSTITUTE COMM. Trade Name, if any: SHEET METAL P.O. Box, Bldg., Room No., if any	9. Business deals with: a. Labor Organization X b. Trust
Street 601 N. FAIRFAX STREET City ALEXANDRIA State Virginia ZIP Codo + 4 22314	c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name NATIONAL ENERGY MANAGEMENT INSTITUTE COMM. Trade Name, if any: SHEET METAL P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. TRUST FUND PAYS ALL EXPENSES FOR TRUSTEES MEETINGS
Street 601 N. FAIRFAX STREET City ALEXANDRIA State Virginia ZIP Cods + 4 22314	11.b. Approximate dollar value of such dealing. \$8,122 12.a. Nature of interest held or income received.
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	12.b. Amount. er parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name Trade Name, if any:	
P.O. Box, Bldg., Room No., if any Street City	
State ZIP Ccde + 4 13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.

File Number U-

Name of Person Filing ROBERT WALTER

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name SHEET METAL WORKERS' #100 APPRENTICE FUND		
,	a. Labor Organization	
Trade Name, if any: SHEET METAL	b. Trust	
P.O. Box, Bldg., Room No., if any		
Street 4725 SILVER HILL ROAD	c. Employer	
City SUITLAND		
State Maryland ZIP Code + 4 20746		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
,,	APPRENTICE FUND PAYS FOR OCCUPANCY EXPENSES TO SHEET	
Name	METAL WORKERS' LOCAL 100 UNION.	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing. \$132,227	
City State ZIP Cods + 4	12.a. Nature of interest held or income received. NO TRAVEL DURING CAMENDAR YEAR.	
	12.b. Amount. \$0	
C. Received from any emptoyer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	y or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bidg., Room No., if any		
Street		
gamenta and communication and control of the contro		
City		
State ZIP Ccdc + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Föe Number U-

Name of Person Filing ROBERT WALTER

Name of Person Filing ROBERT WALTER	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or firectly to, or otherwise
8. Name and address of Business (including trade nama, if any).	9. Business deals with:
Name SHEET METAL WORKERS' #100 PENSION PUND	a. Labor Organization
Trade Name, if any: SHEET METAL	b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street 4725 SILVER HILL ROAD	
City SUITLAND State Maryland ZiP Code + 4 20746	
10. If 9.b. or 9.c. is checked give trust or employer's name	11.a. Nature of such dealing.
Name	PENSION FUND PAYS FOR OCCUPANCY EXPENSES TO SHEET METAL WORKERS' LOCAL 100 UNION.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing. \$23,568
State ZIP Code + 4	12.a. Nature of interest he'd or income received. NO TRAVEL DURING (CLENDAR YEAR.
	12.b. Amount. \$0
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	er parts A and B above)
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Wature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	<u> </u>
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.